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APPLICANTS

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** CONTINUING DATA *****

w 2/21/06

** FOREIGN APPLICATIONS *****

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 04/07/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <u>[Signature]</u> Initials <u>W</u>	TAIWAN	5	18	1

ADDRESS

04586
 ROSENBERG, KLEIN & LEE
 3458 ELLICOTT CENTER DRIVE-SUITE 101
 ELLICOTT CITY, MD
 21043

TITLE

Syringe safety sleeve

FILING FEE

RECEIVED
385

FEES: Authority has been given in Paper
 No. _____ to charge/credit DEPOSIT ACCOUNT
 No. _____ for following:

☐ All Fees☐ 1.16 Fees (Filing)☐ 1.17 Fees (Processing Ext. of time)☐ 1.18 Fees (Issue)☐ Other _____